## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

May 29 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1997

SIGNATURE:

DOCUMENT # 611649

(5)

ASTURIA	S SPANISH-AMERICAN R	BESTAURANTS, INC.			
Principal Place	of Business	Mailing Address			AL BIBLI BIBLI BIBLI DIBLI DEBEL BABIL EDAK
		3930 E. 4TH AVE. HIALEAH FL 33013-270	6		
				3. Date Incorporated or Qualified 03/02/1979	3a. Date of Last Report 04/30/1996
	ace of Business	2a. Mailing Address	·	4. FEI Number	Applied For
21 Suite Ard 1	The state of the second state of the second	26 Suite, Apt. #, etc.		59-2468513	Not Applicable
Suite, Apt. #, etc.		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	)	City & State	<del></del>	8. Election Campaign Financing	\$5.00 May Be
23	··	28		Trust Fund Contribution	Added to Fees
Z(p 273)	Country	Zip	Country	8. This corporation has liability for	r intangible tax under s. 199.032,
24]	25   9. Name and Address of Curr	29 29 Agent	30	Florida Statutes  10. Name and Address of New R	Yes No
JAR	<b>EMILIO</b>	Aur Lin Riceran Cifferin	81 Nami	B ·	ohisteren uderr
	E. ATH AVENUE			MAGALY JARA	L L L V
	EAH FL 93013		0¥ 2006	t Address (P.O. Box Number is Not Accepte	(DIE)
•			83	2020 5 445 3	
•			84 City	3930 E. 4th Ave	85 Zip Code
ning mga ningg	1.6			Hialeah	FL   133013
11. Pursuant i office or re	o the provisions of Sections 607.05 ogistered agent, or both, in the Sta	502 and 607.1508, Florida Sta ate of Florida Such change w	atutes, the above-name as au∦iorized by the co	d corporation submits this statement for the proporation's board of directors. I hereby according to the control of the contro	purpose of changing its registered   ept the appointment as registered
agent Far	ii familiar with, and accept the obt	figations of States 607.0505	Florida Statutes	1.0.00	=/19/97
SIGNATURE	MHOHIY JHKH Salatan, transfer phased name of registeral r	agent and fire if applicable	Note: Registered Alent signatu	re required when reinstating)	DATE
12.	OFFICERS A	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
HILF	PD ·	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JARA, EMILIO	-	. 1.2 NAME		
STREET ADDRESS	3930 EAST ATH AVENUE HIALEAH FL		1.3 STREET ADDRESS	;	
CHY-\$1-70° THE	SD	DELETE	1.4 CITY+ST-ZIP 2.1 TITLE		Change Addition
NAME	JARA, MAGALY	La OLECTI	2.1 HILE 2.2 NAME	President, Sec and	D. Machine Li Kaumun
STREET ACODRESS	3930 EAST 4TH AVENUE		2.2 NAME 2.3 STREET ADDRESS		
City SI-ZiF	HIALEAH FL		2. 4 CITY-ST-ZIP		
1.116	VP	DELETE	3.1 TITLE		Change Addition
NAME	RICARDO JARA		3.2 NAME		
STREET ADDRESS	3930 E 4TH AVE		3.3 STREET ADDRESS	<b>;</b>	
COLV - ST - ZIP	HIALEAH FL	T DELCTC	3.4 CITY-ST-ZIP		T St
Mit I		LJ DELETE	4.1 TITLE		Change Addition
NAME STREET ASIDDODS			4. 2 NAME	.	
STREET ADDRESS CCTY+S1+ZP			4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<b>'  </b>	
THE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS	<b>;</b>	
CITY - ST - ZIP		[m] a.c. and	5.4 CITY-ST-ZIP		
TIPLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADORESS			6.3 STREET ADDRESS	·	
<b>14.</b> Ldo hereb	ov certify that the information suppl	bert with this filing does not g	6.4 CITY-ST-ZIP ualify for the exemption	stated in Section 119.07(3)(i), Florida Statut	tes. I further certify that the
information Lancarcon appears in	n indicated on this annual report ficer or director of the corporation in Block, 12 or Block, 13 if changed	supplemental annual report of elever or trustee emp on an attachment with an	is true and accurate ar powered to execute this address	nd that my signature shall have the same legs report as required by Chapter 607, Florida	gal effect as if made under oath; that Statutes; and that my name